# Los Angeles County Sheriff's Department Officer Involved Shooting

										Page		01 5
Report Date:			Bureau/Statio		15:			Admi	n, Invest.?		Hit?	· 🔽
04	1/01/16	)	So	AND THE PROPERTY OF	l Division/Lakew		tation					<u> </u>
					ncident Informati	ion						
URN:	014	4-20194-	-1365-013		Date:	10/2	7/14		Time:		1437	
City or Station:		Lakew	ood Station		Nature of Incident:							c
Location:		Lanon	ou otation		Deputy Bryan M							
	nount	Bouleva	rd, Paramoun	t	call. He attemp deputy involved							ma
							_					
Location Type (check one or me	ore):	Light	ting (check only or	ie):	Incident Type (check	one or n	nore):	l	y (check on	ly one)	:	
Backyard			Darkness		Armed Person				Warrant			
Beach			Daylight		Fleeing Suspect			✓ Call Obser	vation			
Business			Other Street Lights		Foot Pursuit				erson Unit			
Freeway Industrial					Gun Take Away Moving Vehicle			Other				
Park		Wear	ther (circle only or	1e):	Sniper/Ambush				h Warrant			
Parking Lot			Clear		Startle			∐ Iwo P	erson Unit			
Residence			Cloudy		Struggle Involved			Prior Activ	ity (check o	nly on	e):	
Rural			og		Traffic Stop			Detect	tive			
School		L F	Rain		Unarmed Person Unintentional				e Transport			
Street	R Tracl	Dista	ance:		Vehicle Pursuit			Other				
Calci.			10 feet		Warrant Service			✓ Routin	e Patrol			
Total # of Shots Fir	red by De	puty Total	# of Shots Fired by	Suspect	Warning Shot			Aero U	Init2	Car	nine Unit	t2 🗀
8			0		Other:			7,010 0	, III. I	Odi	mic om	·: Ш
					imployee Witnes:	ses						
Employee #	•	Last Name	Hancock	First I	Name Kenneth	M.I.	ShiftTime (chec		ShiftType	,	- ,	
Employee #		Last Name	nancock	First I		L.	ShiftTime (chec	A Day	✓ Regular ShiftType		_	_
Linployers		Last Hame	Abbot	1 113(1	Michael	J.		Day	Regular	_		_
Employee #		Last Name		First I	Name	M.I.	ShiftTime (chec		ShiftType Regular		-	_
				Nor	n-Employee Witne	2000						
Last Name				1401	I-Employee Milli	First I	Name -				M.I.	
Street Address				City		Zip 0	W			Home		
Last Name						First I	Name				M.I.	
Street A				City		Zip 🖣	W	orlo Db		На	1	
Last Name						First f	Name				M.I.	
Street Address				City		Zip C	ode W	ada Dh		Home F	5h	
					Supervisors							
Employee #	Last Na	me		First Na	me	M.I.	(check one or	r more):		14.51		
		Ma	aese		Thomas		On Duty	uring shoo	tina 📙		ss to sh ed in sh	_
Employee #	Last Na	me		First Na	me	M.I.	(check one or		ung	ILIACIA	cu III SI	looting
			eza		Jorge	Α.	On Duty	,		Witne	ss to sh	nooting
		tVII	oza .		-		☐ Present d	uring shoo	oting 🔲	Involv	ed in sh	nooting
					Watch Sergean	Charles America A						
Employee #	Li Li	ast Name	,	Douglas		F	irst Name	las	•		M.	.l. 1
			ŀ	Reveles				Jose	E	10 - DA -		l.
_					Watch Command				7.260 k			
Employee #	L	ast Name		مدع الطام ما		F	irst Name	r.			M.	
			L	indblom				Eric	;			R.

PSTD Use Only
SH # 2369175

### Officer Involved Shooting RN: 014-20194-1365-013

Arrival Date	10/27/14	Arrival Time 1610	Date Submitted 04/0	7/16	Date of Recommendation		
Employee #	Last Name	Man		First Name	Daniel	M.I.	W.
Employee #	Last Name	Urib	е	First Name	Jose	M.I.	G.
Employee #	Last Name	Flore	es	First Name	David	M.I.	

Meth	od					7		- 6 1 !					
Meth (AW) (BC) (BF) (CR) (CR) (CT) (TD) (CC) (TT) (TDE) (CC) (FR) (FR) (FS) (FD) (FD)	Arwen Baton:(Control) Baton:(Impact) Bodily Fluids Canine Carotid Restraint Choke Hold Control Holds:(Control Te Control Holds:(Team Tak Control Holds:(Takedown Chemical Chemical Agents (OC Sp Chemical Agents (Tear G Explosives Firearm (Rifle) Firearm (Shotgun) Firearm (Other) Flashbang Flashlight	ray)	(OV) (OB) (OO) (PK) (PS) (PH) (PP) (PO) (RS) (CN) (RHB) (TP) (RE) (SP) (SB) (SB) (ST)	Other Weap Personal W Personal W Personal W Personal W Resistance Restraint De Restraint De Restraint De Restraint De	on: Blunt Object on: Other papon: Feet/Leg: (Kick) papon: Feet/Leg: (Sweep) papon (Handl/Arm) papon (Other) papon (Other) papon (Capture Net) price (Capture Net) price (Handcuffs) price: Hobble (Legs Only) price: Hobble (TARP) price: REACT Belt	(A (B (B	(B) (B) (C) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	of Injui Abrasion Bruise Burn Complain Concussi Death Dislocatio Dog Bite Fractures Gunshot Human Bi Laceration Nerve Da Organ Da Paralysis Puncture' Soft Tissu Sprain/Tw	it of Pair on ite ns mage mage Wound te Dama		Body (AD) (AK) (AK) (BK) (BT) (CH) (EL) (FA) (FE) (GE) (GR) (HD) (HE) (HI) (KX) (LE)	At Ar Ba Bu Ch Ell Fa Fir Ga Gr Ha Hip Int	ernal ees
(OÉ)  Bran (AK) (BN) (BR) (CH) (CO) (DA) (GL) (HK) (HK) (IT)	Other Weapon: Edged  d  AK-47  Benelli  Beretta  Browning  Charter Arms  Colt  Davis Industries  Glock  Harrington & Richardson  Hi Standard  H & K  Ithica	(IV) (JE) (LO) (LU) (MA) (MO) (NC) (NA) (NO) (RA) (RM) (RG) (RI)	(UC) Iver Johnson Jennings Lorcin Luger Marlin Mossberg NCI aka SKS North America Norinco Raven Remington RG RGI	(RO) (SW) (SR) (SS) (ST) (TA) (WE)	Rossi Smith & Wesson Sturm Ruger SIG Sauer Sterling Taurus Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-Inmate) Other Brand	(UI (RI (NI (9) (10) (12) (20) (21) (22) (23)	M) N) Iiber 9 n 10 n 12 g 20 g .22-:	nm nm juage juage		.243 cali .25 calib .308 cali .357 cali 30-60 ca .38 calib .40 calib	(NK) (SH) (WR) ber (der (der (der (der (der (der (der (d	Ne	ck oulder

#### FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S#1	E#1	UC					NN	
E#1	S#1	FH	BR	9	Y	Y	GS,DH	CH,BK,LE
E#1	S#1	FH	BR	9	Υ	Y	GS,DH	HE,BT

### Officer Involved Shooting Involved Employee Information

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			Involve	d Employee		
E 1	Employee #	Last Name	Moreno		First Name B	ryan <sup>M.I.</sup> R
L	Sex: M Race:	Rank: Deputy Sh	Unit Assignme	ent: lood Station	Work Assignment (Unit #, Mod	•
	ShiftTime (circle only one):  EM PM Day	ShiftType (circle only one):  Regular Overtime	Intovication/D	rug Usage?	Substance Used:	
	Hospital Admission?	Hospital Name:	Coroner Cas	e?	Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting		Clothing (circle only one) Plain Clothes no Vest	Raid Jacket w/ Vest	Other Factors:	
		5'08" Weight: 175	Plain Clothes w/ Vest Raid Jacket no Vest	Uniform no Vest ✓ Uniform w/ Vest		
	Range Qualification Date:		PPC Qualification Date		Laser Training Date:	
	Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Shoo	Shootings:	
	biand.	retta <sup>Caliber</sup> 9m	m <sup># Shots</sup> 8	Weapons Fired Brand:	Calibe	
	Field Training Officer Emp #				First Name	M.I.
	Field Training Officer Emp #	ast Name			First Name	M.I.
E	Employee #	Last Name			First Name	M.I.
	Sex: Race:	Rank:	Unit Assignme	ent:	Work Assignment (Unit #, Mod	dule, etc.):
	ShiftTime (circle only one):  BM PM Day	ShiftType (circle only one): Regular Overtime	Off Duty Intoxication/D	rug Usage?	Substance Used:	
	Hospital Admission?	Hospital Name:	Coroner Case	9?	Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting	g: Duty Time (hrs):	Clothing (circle only one) Plain Clothes no Vest	Raid Jacket w/ Vest	Other Factors:	
	Age: Height:	Weight:	Plain Clothes w/ Vest Raid Jacket no Vest	Uniform no Vest Uniform w/ Vest		
	Range Qualification Date:		PPC Qualification Date		Laser Training Date:	
	Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Sho	Shootings:	
	Weapons Fired Brand:	Caliber	# Shots	Weapons Fired Brand:	Caliber	
	Field Training Officer Emp #				First Name	M.I.
	Field Training Officer Emp #	Last Name			First Name	M.I.
E	Employee #	Last Name			First Name	M.t.
	Sex: Race:	Rank:	Unit Assignme	ent:	Work Assignment (Unit #, Mod	dule, etc.):
	ShiftTime (circle only one):  BM PM Day	ShiftType (circle only one) Regular Overtime	Off Duty Intoxication/D	rug Usage?	Substance Used:	
	Hospital Admission?	Hospital Name:	Coroner Case	e?	Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting	Duty Time (hrs):	Clothing (circle only one) Plain Clothes no Vest	: Raid Jacket w/ Vest	Other Factors:	
	Age: Height:	Weight:	Plain Clothes w/ Vest Raid Jacket no Vest	Uniform no Vest Uniform w/ Vest		
	Range Qualification Date:		PPC Qualification Date		Laser Training Date:	
	Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Sho	Shootings:	
	Weapons Fired Brand:	Caliber	# Shots	Weapons Fired Brand:	Caliber	
	Field Training Officer Emp #				First Name	M.I.
	Field Training Officer Emp #	Last Name			First Name	M.I.

#### Officer Involved Shooting Suspect Information

URN:

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		S	uspect Information	
S 1	Last Name	Ramirez	First Name	Oscar <sup>M.I.</sup> A
	AKA Last Name		First Name	M.J.
	Sex: M Race: Hispanic	Street Address	City	State & Zip Code:
	Work Phone:	Home Phone:	Social Securit "	Driver's Licen
	Age: 28 D.O.B. 06/15/86	Height: 6'00" Weight: 185	FBI#	CII#
	Booking #	Primary Charge:	Secondary Charge:	
	Coroner Case?	Coroner Case # 2014-07330	Intoxication/Drug Usage?	Substance Used: Methamphetamine
	Armed?	Apprehended?	Mental Illness?	Criminal History?
	Vehicle Make Model	: Year:	Parole: Probation:	Prior Felony Conviction:
s	Last Name		First Name	M.I.
	AKA Last Name		First Name	M.L
	Sex: Race:	Street Address:	City	State & Zip Code:
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:
	Age: D.O.B.	Height: Weight:	FBI #	CII#
	Booking #	Primary Charge:	Secondary Charge:	
	Coroner Case?	Coroner Case #	Intoxication/Drug Usage?	Substance Used:
	Armed?	Apprehended?	Mental Illness?	Criminal History?
	Vehicle Make Model:	Year:	Parole: Probation:	Prior Felony Conviction:
s	Last Name		First Name	M.I.
s	Last Name  AKA Last Name		First Name First Name	M.I.
s		Street Address:	First Name City	
S	AKA Last Name  Sex: Race:  Work Phone:	Home Phone:	First Name  City  Social Security #:	M.I. State & Zip Code: Driver's License #:
S	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.	Home Phone: Height: Weight:	First Name  City  Social Security #:  FBI #	M.I. State & Zip Code:
S	AKA Last Name  Sex: Race:  Work Phone:	Home Phone:	First Name  City  Social Security #:	M.I. State & Zip Code: Driver's License #:
S	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.	Home Phone: Height: Weight:	First Name  City  Social Security #:  FBI #	M.I. State & Zip Code: Driver's License #:
S	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?	First Name  City  Social Security #:  FBI #  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?	M.I.  State & Zip Code:  Driver's License #:  CII #  Substance Used:  Criminal History?
S	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #	First Name  City  Social Security #:  FBI #  Secondary Charge:  Intoxication/Drug Usage?	M.I.  State & Zip Code:  Driver's License #:  CII #  Substance Used:
s	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?	First Name  City  Social Security #:  FBI #  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?	M.I.  State & Zip Code:  Driver's License #:  CII #  Substance Used:  Criminal History?
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?	First Name  City  Social Security #:  FBI #  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Parole:  Probation:	M.I.  State & Zip Code:  Driver's License #:  CII #  Substance Used:  Criminal History?  Prior Felony Conviction:
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?   Armed?   Vehicle Make Model  Last Name	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended?	First Name  City  Social Security #:  FBI #  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Parole: Probation:	M.I.  State & Zip Code:  Driver's License #:  CII #  Substance Used:  Criminal History?  Prior Felony Conviction:  M.I.
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended? Year:  Street Address:  Home Phone:	City  Social Security #:  FBI #  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Parole: Probation:  First Name  First Name  City  Social Security #:	M.I.  State & Zip Code:  Driver's License #:  CII #  Substance Used:  Criminal History?  Prior Felony Conviction:  M.I.  M.I.
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended? Year:	City  Social Security #:  FBI #  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Parole: Probation:  First Name  First Name  City	M.I.  State & Zip Code:  Driver's License #:  CII #  Substance Used:  Criminal History?  Prior Felony Conviction:  M.I.  M.I.  State & Zip Code:
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?	Home Phone:  Height: Weight:  Primary Charge:  Coroner Case #  Apprehended? Year:  Street Address:  Home Phone:	City  Social Security #:  FBI #  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Parole: Probation:  First Name  First Name  City  Social Security #:	M.I.  State & Zip Code:  Driver's License #:  CII #  Substance Used:  Criminal History?  Prior Felony Conviction:  M.I.  M.I.  State & Zip Code:  Driver's License #:
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?  Armed?  Vehicle Make Model  Last Name  AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Year:  Street Address: Home Phone: Height: Weight:	First Name  City  Social Security #:  FBI #  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Parole: Probation:  First Name  First Name  City  Social Security #:  FBI #	M.I.  State & Zip Code:  Driver's License #:  CII #  Substance Used:  Criminal History?  Prior Felony Conviction:  M.I.  M.I.  State & Zip Code:  Driver's License #:
	AKA Last Name  Sex: Race:  Work Phone:  Age: D.O.B.  Booking #  Coroner Case?	Home Phone: Height: Weight: Primary Charge: Coroner Case #  Apprehended? Year:  Street Address: Home Phone: Height: Weight: Primary Charge: Coroner Case #  Apprehended?	First Name  City  Social Security #:  FBI #  Secondary Charge:  Intoxication/Drug Usage?  Mental Illness?  Parole: Probation:  First Name  First Name  City  Social Security #:  FBI #  Secondary Charge:	M.I.  State & Zip Code:  Driver's License #:  CII #  Substance Used:  Criminal History?  Prior Felony Conviction:  M.I.  M.I.  State & Zip Code:  Driver's License #:  CII #

## SUPPLEMENTAL NON-EMPLOYEE WITNESSES Los Angeles County Sheriff's Department

Page 5 of 5 Non-Employee Witnesses M.I. First Name Last Name Zip Code Wark Ph Home Ph Street Address Last Name First Name M.I. Zip Code Home Ph Street Address M.I. Last Name First Name Street Address Zip Code Work Ph Home P Last Name First Name M.I. Zip Code Home Ph Street Address Work Ph M.I. First Name Last Name Zip Code Work Ph Home Ph Street Address M.I. Last Name First Name Zip Code Work Ph Street Address Home Ph Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph First Name M.I. Last Name Zip Code Work Ph Street Address Home Ph Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph M.L Last Name First Name Zip Code Home Ph Street Address Work Ph M.I. First Name Last Name Street Address Zip Code Home Ph Work Ph Last Name First Name M.L Street Address Zip Code Home Ph Work Ph M.I. Last Name First Name Home Ph Street Address Zip Code Work Ph M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph